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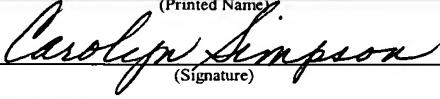
Attorney Docket No. 032016-0128

U.S.PTO
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Majchrzak et al.
Title: FOOD CONTAINER
Application No.: To be determined
Filing Date: To be determined
Examiner: To be determined
Art Unit: To be determined
Attorney Docket No.: 032016-0128

| | |
|--|------------------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. | |
| EL 979078366 US (Express Mail Label Number) | 1/23/04 (Date of Deposit) |
| Carolyn Simpson (Printed Name) | |
|  | |
| (Signature) | |

Mail Stop **PATENT APPLICATION**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

UTILITY PATENT APPLICATION
TRANSMITTAL

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Michael Majchrzak
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[X] Applicants claim small entity status under 37 C.F.R. § 1.27.

Enclosed are:

- [X] Application Data Sheet (37 C.F.R. § 1.76) (3 pages).
- [X] Specification, Claim(s), and Abstract (15 pages).
- [X] Formal drawings (5 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9).
- [X] Executed Declaration and Power of Attorney (6 pages).
- [X] Information Disclosure Statement (2 pages).
- [X] Form PTO/SB/08 with copies of 3 listed reference(s).
- [X] Petition to Make Special Under 37 C.F.R. § 1.102(c) (2 pages).
- [X] Statement of Facts in Support of Petition to Make Special Because of Applicant's Age (M.P.E.P. § 708.02) (1 page) with notarized copy of Applicant's Birth Certificate (1 page).

The filing fee is calculated below:

| | Included | | | | | |
|---|--|-----------------|-----------------|-------------------|----|---------------|
| | Claims as Filed | in Basic Fee | Extra Claims | Rate | | Fee Totals |
| Basic Fee | | | | \$770.00 | = | \$770.00 |
| Total Claims: | 41 | - | 20 | = | 21 | x |
| Independents: | 8 | - | 3 | = | 5 | x |
| If any Multiple Dependent Claim(s) present: | | | | + \$290.00 | = | \$0.00 |
| | | | | SUBTOTAL: | = | \$1578.00 |
| [X] | Small Entity Fees Apply (subtract ½ of above): | | | | | = \$789.00 |
| | | | | TOTAL FILING FEE: | = | \$789.00 |

- [X] Check No. 13562 in the amount of \$789.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Jan 23, 2004

By Scott C. Nielson

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